

Phone: 01702 710131

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**From Highlands Surgery**

**Do we have your email address?**

1643 London Road

Leigh on Sea

Essex

SS9 2SQ

Can you please complete this form and return it to us so that we can update your records accordingly.

Thank you for your assistance.

Name: ………………………………………………

DOB: …………………………………….

Email .......................................@...............................

Home No: …………………… Mobile No…….……………………………..

I confirm that I am happy for you to use my email address for newsletter updated and information from the surgery.

Signed: ……………………………………. Date: …………………………..